

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

08/11-692

FILING DATE

9-5-96

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
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48						
49						
50						
TOTAL IND.	5		6			
TOTAL DEP.	17		24			
TOTAL CLAIMS	22		30			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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TOTAL DEP.						
TOTAL CLAIMS						